PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fav (571) 273-2885

					if requir fees wi ddress;	ed). Blocks I through 5 Il be mailed to the currer and/or (b) indicating a se	should be completed where nt correspondence address as parate "FEE ADDRESS" for
	STREET	/ / ·	EB 1 7 2006	I hereby certify States Postal Se addressed to the	Cert that thi ervice w he Mail he USPT	paper, such as an assignment of mailing or transmission	nsmission ing deposited with the United first class mail in an envelope ss above, or being facsimile e date indicated below.
FC:2501	700.00 OP				WY V	A XICI	(Signature)
2 FC:1504	300.00 OP			1/5 ₹	EBRU	ARY 2006	(Date)
APPLICATION NO.	FILING DATE	· · · · · · · · · · · · · · · · · · ·	FIRST NAMED	INVENTOR	/ \ 1	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/802,713	03/09/2001		John A. I	Kulak	, \	1072-1	7860
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE T	PUBLICATION FEE	· T	TOTAL FEE(S) DUE	DATE DUE
nonprovisional				\$300			
		\$700				\$1000	02/16/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS			•
MAI, TAN V		2193		708-145000			
CFR 1.363).	e address or indication of "Federice address (or Change of 622) attached.	Correspondence	(1) the name or agents OF (2) the name registered at	ng on the patent front p es of up to 3 registered R, alternatively, e of a single firm (havi ttorney or agent) and th patent attorneys or age	d patent	attorneys 1 Sanfo member a s of up to	rd J. Piltch, Es
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND	O RESIDENCE DATA TO B	E PRINTED ON T	listed, no na	(print or type)			document has been filed for
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND	O RESIDENCE DATA TO B s an assignee is identified be 1 37 CFR 3.11. Completion of	E PRINTED ON T low, no assignee of this form is NOT	listed, no na THE PATENT (data will appea T a substitute fo	(print or type)	assigne	e is identified below, the	document has been filed for
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Please check the appropriate 4a. The following fee(s) are Issue Fee	D RESIDENCE DATA TO B s an assignee is identified be n 37 CFR 3.11. Completion of EE e assignee category or categor enclosed:	E PRINTED ON T low, no assignee of this form is NOT (B ries (will not be pri	listed, no natificate the PATENT (data will appear a substitute for a substitute for pate that the p	me will be printed. (print or type) ur on the patent. If an or filing an assignment. (c): (CITY and STATE Of the content of the fee(s): the amount of the fee(s): treety credit card. Form PTC for is hereby authorized.	assigne PR COU Cor s) is enc 0-2038	poration or other private goods. is attached. arge the required fee(s), or	document has been filed for group entity Government Government or credit any overpayment, to copy of this form).

Authorized Signature

tch, Esq,

15 February 2006

29,997 Registration No.

Sanforg Typed or printed name

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.